

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 20 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

CORPORATION  
REINSTATEMENT

2002 CBYC

DOCUMENT # P01000053375

1. Corporation Name

Automated Systems, Inc.

2. Principal Office Address

3625 W. Cypress Street

3. Mailing Office Address

3625 W. Cypress Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

June 19, 2001

5. FEI Number

59-3725180

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Horace A. Knowlton IV

Street Address (P.O. Box Number is Not Acceptable)

405 W. Azele Street

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code

33606

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Horace A. Knowlton IV*

REGISTERED AGENT MUST SIGN

Date

11/15/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Donald D. Bonin	16128 Muirfield Dr.	Odessa, FL 33556
V	Robert C. Miljus	5308 Witham Ct.	Tampa, FL 33647

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Donald D. Bonin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 639-1772

Daytime Phone #

CR2E0B1 (9/01)